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SEC USE ONLY

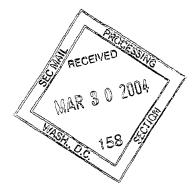
DATE RECEIVED

Prefix

SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

AuEx, LLC

PROCESSE

MAR 3 1 2004

THOMSON

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Filling Under (Check box(es) that apply):

Type of Filling: New Filling Amendment

Amendment

	A. BASIC IDENTIFICATION DATA	
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indiciate change.) AUEX, LLC 480 East 8 th street Reno, Nevada 89512 775-337-1545 Address of Executive Offices (Number and Street, City, State, Zip Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business: AUEX, LLC is engaged in the acquisition and exploration of mineral properties in the State of Nevada containing gold and silver.		
Name of Issuer (check if this is an amendmer	nt and name has changed, and indiciate change.)	·
	AuEx, LLC	
480 East 8 th street	Reno, Nevada 89512	775-337-1545
Address of Executive Offices (Numb	er and Street, City, State, Zip Code) Telepho	one Number (Including Area Code)
	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
		oration of mineral properties in the State
Type of Business Organization		
☐ corporation	☐ limited partnership, already formed	🛛 other (please specify):
☐ business trust	☐ limited partnership, to be formed	Limited liability company

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

[01]

CN for Canada; FN for other foreign jurisdiction) [NV]

Year

[03]

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Actual or Estimated Date of Incorporation or Organization:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter	r the information requested for	or the following	:						
•	Each promoter of the issu	er, if the issue	has be	en organized	within the	past five years;			
•	Each beneficial owner have the issuer;	ring the power	to vote	or dispose, or	direct the	vote or disposition o	of, 10% or mor	e of	a class of equity securities of
•	Each executive officer and	d director of co	rporate	issuers and o	f corporate	general and manag	ging partners o	f par	tnership issuers; and
•	Each general and managing	ng partner of p	artnersh	nip issuers.					
	Check Box(es) that Apply:	☐ Promot	er 🗌	Beneficial Ov	wner 🛚 🗓	Executive Officer	☐ Director	X	General and/or Managing Member
	me (Last name first, if individ I d L. Parratt	ual)	٠	•					
Busines 480 E	ss or Residence Address (Nu ast 8 th street, Reno, N	mber and Stre evada 8951	et, City, 2	State, Zip Co	ode)				
	Check Box(es) that Apply:	☐ Promot	er 🗀	Beneficial	Owner 🛚	Executive Officer	☐ Director	X	General and/or Managing Member
	me (Last name first, if individ rd L. Bedell, Jr.	ual)		•					
Busines 480 E	ss or Residence Address (Nu ast 8 th street, Reno, N	mber and Stre	et, City, 2	State, Zip Co	ode)				
	Check Box(es) that Apply:	☐ Promot	er 🗌	Beneficial Ov	wner 🔲	Executive Officer	☐ Director	×	General and/or Managing Member
	me (Last name first, if individ W. Kettell, II	ual)		•					
Busines 480 E :	ss or Residence Address (Nu ast 8 th street, Reno, N	mber and Stre	et, City, 2	State, Zip Co	ode)				
	Check Box(es) that Apply:	☐ Promot	er 🗌	Beneficial Ov	vner 🗌	Executive Officer	☐ Director		General and/or Managing Partner
Full Nar	me (Last name first, if individ	ual)		•					
Busines	ss or Residence Address (Nu	mber and Stre	et, City,	State, Zip Co	ode)				
	Check Box(es) that Apply:	Promot	er 🗌	Beneficial Ov	vner 🗌	Executive Officer	☐ Director		General and/or Managing Partner
Full Nar	me (Last name first, if individ	ual)		•					
Busines	ss or Residence Address (Nu	mber and Stre	et, City,	State, Zip Co	ode)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?		1. Has the	e issuer s	old, or do	es the issu	er intend	to sell, to r	on-accred	lited invest	tors in this	offering?	****		Yes	No X	
3. Does the offering permit joint ownership of a single unit?		2. What is				it will be a	ccepted fro	om any ind	lividual?	•				\$ 0.22		
4. Enter the Information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the Sc and/or with a state or states, list the name of the broker or dealer, if more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		2 Door #	•												No	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering, if a person to be listed is an associated person or agent of a broker or dealer registered with the state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						•	_					1911		X		
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer		commissi person to states, lis	on or sim be listed t the nam	ilar remun is an asso e of the b	eration for ociated per roker or de	solicitations rson or ag aler. If mo	on of purch ent of a br ore than fiv	asers in co oker or de ve (5) pers	onnection valer registe ons to be I	with sales of ered with the isted are a	of securities se SEC and	s in the of I/or with a	fering. If a			
Name of Associated Broker or Dealer	Fuli Na	ame (Last	name firs	t, if individ	ual)											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busine	ss or Res	idence Ac	dress (Nu	ımber and	Street, Ci	ity, State, 2	Zip Code)								
(Check "All States" or check individual States)	Name	of Associa	ated Broke	er or Deal	er											
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States	(Check " [AL] [IL] [MT]	All States' [AK] [IN] [NE]	or check in [AZ] [IA] [NV]	ndividual S [AR] [KS] [NH]	States) [CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[M [P/	O] 4]	
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busine	ss or Res	idence Ad	ddress (Nu	mber and	Street, Ci	ity, State, 2	Zip Code)								
(Check "All States" or check individual States)	Name	of Associa	ated Broke	er or Deal	er											
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States						to Solicit P	urchasers				[] All States			
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[Μ [P/	O] A]	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Na	ame (Last	name firs	t, if individ	lual)											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busine	ess or Res	idence Ad	ddress (No	ımber and	Street, C	ity, State, 2	Zip Code)								
(Check "All States" or check individual States)	Name	of Associa	ited Broke	er or Deal	er											
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	States	(Check " [AL] [IL]	All States' [AK] [IN]	or check : [AZ] [IA]	individual S [AR] [KS]	States) [CA] [KY]	[CO] [LA]	[CT] [ME]	[MD]	[MA]	[MI]	[GA] [MN]	[HI] [MS]	[M [P:	O] A]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,

check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt \$ 220,000 Equity \$ 43,540 ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify limited liability Unit). Total \$ 220,000 \$ 43,540 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate **Dollar Amount** Number Investors of Purchases \$ 43,540 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Type of Security Type of offering Sold \$ 43,540 Rule 505 Unit Regulation A Rule 504 \$ 43,540 Unit Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees X \$1,000 X \$1,000 Printing and Engraving Costs \$3,000 Legal Fees Accounting Fees □\$ $\Box_{\$}$ Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) _ X \$5,000 Total b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses \$215,000 furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Question 4.b above.		Payments to	
		Öfficers, Directors, & Affiliates	Payments To Others
Salaries and fees	□\$		□ \$
Purchase of real estate	□\$		□ \$
Purchase, rental or leasing and installation of machinery and equipment	□\$		X \$19,000
Construction or leasing of plant buildings and facilities	□\$		□\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$		□\$
Repayment of indebtedness	□\$		□\$
Working capital	X \$9,0	000	□\$
Other (specify): Assay, Field Research, Geological Surveying and	X \$18	7,000	□\$
claims to land.	□\$		□\$
Column Totals	□\$		□\$
Total Payments Listed (column totals added)		X\$ 215,00	<u>0</u>
D. FEDERAL SIGNATURE			
has duly caused this notice to be signed by the undersigned duly authorized person. If this ronstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comfurnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule	mission, u	led under <u>Rule 505</u> , th ipon written request o	ne following f its staff, the

The issuer hasignature co information

Issuer (Print or Type) Au Ex, LLC	Signature Ronald C Parratt	Date 3-22-04
	Title of Signer (Print or Type)	
Ronald L. Parratt	President	

7	
Ì	ATTENTION
	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No □ X
See Appendix, Column 5, for state response.	_

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Au Ex, LLC	Signature Ronald L Parratt	Date 3-22-04
Name of Signer (Print or Type) Ronald L. Parratt	Title (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1

1	2 3					5			
	-					4		Disqualif	ication
		0	Type of security					under Stat	e ULOE
	Intend to sell and aggregat to non-accredited offering price				Туре с	(if yes, a	ittach		
	investors i		offered in state		amount pu	explanation of waiver granted)			
	(Part B-I		(Part C-Item 1)		(Pai	rt C-Item 2)		(Part E-It	tem 1)
				Number of		Number of			
State	Yes	No		Accredited Investors	Amount	Non-Accredited	A	V	
	162	INO		mvestors	Amount	Investors	Amount	Yes	No
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